1403-126-1584

FEC FORM 1

STATEMENT OF ORGANIZATION

2014 JUL 15 AM 9: 04

FORM 1	ORG	ANIZATION	Office Use ONLY MAH CENTER
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5
Elisabeth Jensen fo	or Congress		
ADDRESS (number and str	eet) P.O. Box 1053		
			
(Check if address is changed)	Lexington CITY	KY 40588 STATE ZIP CODE	
	5	5,,,,,,	
	DRESS (Please provide only one e-		
(Check if address is changed)	eaj@elisabethforkentu	cky.com	
COMMITTEE'S WEB PAG	SE ADDRESS (URL)	and the control of th	
(Check if address is changed)	http://www.elisabethf	crkentucky.com/	
		e, e	* · · · · · · · · · · · · · · · · · · ·
2. DATE 07/0	9/2014		
3. FEC IDENTIFICATION	N NUMBER C C0054	5988	
4. IS THIS STATEMENT	NEW (N) OR	✓ AMENDED (A)	
I certify that i nave examin	ed this Statement and to the best of	my knowledge and belief it is true, correc	and complete.
Type or Print Name of Tre	asurer Jay Petterson		
Signature of Treasurer	Jay Petterson	BESON Date	07/09/2014
NOTE: Submission of fal	se, erroneous, or incomplete information ma ANY CHANGE IN INFORMATION SI	y subject the person signing this Statement to the HOULD BE REPORTED WITHIN 10 DAYS.	penalties of 2 U.S.C 437g.
Office . Use Only	F	or further information contact: ederal Election Commission foll-free 800-424-9530	FEC FORM 1 (Revised 02/2009)